



Norman E. Borlaug International Agricultural Science and Technology Fellows Program

Application Checklist

Completed application includes:

- ☐ Application form
- ☐ Program proposal
- ☐ Copy of college transcript(s)
- ☐ 2 Letters of Recommendation
- ☐ 2 passport-size photographs
- ☐ Copy of passport identification page
- ☐ Signed Conditions of Training
- ☐ Signed approval of home institution

Application and attachments must be in English. Please type or print legibly.

Norman E. Borlaug International Agricultural Science and Technology Fellows Program Application Form

Attach photo here

I. PERSONAL INFORMATION

Last Name (Surname) Capitalized	Middle Name	First Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Mailing Address	Home Telephone/Cell Phone
Fax No.	E-mail Address	Nationality
Emergency Contact Person		
Name	Address	Telephone/Cell Phone
E-mail Address		Relationship to Applicant

Please briefly summarize your proposal objectives. More opportunity to expand is available on page 9.

2. EDUCATION

Institution Name, City and Country	From	To	Degree/Diploma	Date Completed	Field(s) of Study
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University or equivalent

Technical training, apprenticeship

3. HONORS & ACTIVITIES

 List honors, awards and professional activities in civic affairs.

4. REFERENCES

 List the two references that are providing letters of recommendation for you.

<u>Name</u>	<u>Address</u>	<u>Telephone/Fax Nos.</u> <u>Email</u>	<u>Business or Occupation</u>
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1.

2.

5. LANGUAGES

List native tongue(s) first	Reading			Writing			Speaking		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

2. AVAILABILITY Please indicate your preferred training dates below. NOTE: The USDA Borlaug Program can not guarantee all timing requests.

	FROM	TO
Preference 1	__/__/__	__/__/__
Preference 2	__/__/__	__/__/__
Preference 3	__/__/__	__/__/__

Please indicate dates when you will absolutely not be available.

FROM	TO
__/__/__	__/__/__

3. EMPLOYMENT List below every employment over the last five years, **beginning with the most recent**. If you need additional space, attach a separate sheet with your name on it.

Organization/Company	Address and Telephone No.
Position	Dates of Employment (Month/Year) From: _____ To: _____
Name and Title of Supervisor	Telephone/Fax Nos. and Email of Supervisor
Nature of Organization	Discipline
Country(ies) Worked In	
Reason for Leaving	

Duties: describe concisely work undertaken, including accomplishments, responsibilities and teaching duties, if any

Organization/Company	Address and Telephone No.
Position	Dates of Employment (Month/Year) From: To:
Name and Title of Supervisor	Telephone/Fax Nos. and Email of Supervisor
Nature of Organization	Discipline
Country(ies) Worked In	
Reason for Leaving	

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Duties: describe concisely work undertaken, including accomplishments, responsibilities and teaching duties, if any

PUBLICATIONS. List publications.

7. PROFESSIONAL CONTACTS List professional contacts in the U.S. or international scientific community.

	<u>Name</u>	<u>Address</u>	<u>Telephone/Fax Nos. Email</u>	<u>Business/Occupation</u>
1.				
2.				
3.				

9. CERTIFICATION

I certify that the statements made by me are true to the best of my knowledge and belief and that willful misstatement may lead to disqualification or revoking of the fellowship.

Signature _____

Date _____

PROGRAM PROPOSAL

- C. How will your experience contribute to the agricultural research and development in your country as well as global food security and trade? How will this be measured?

Approval of Home Institution:

The candidate is a staff member of this institution and under my supervision. I agree to his/her application to the Norman Borlaug International Science and Technology Fellows Program and understand that, if selected, the candidate must be available to spend up to six weeks in the United States or another designated country within the next year, and will participate in a follow on workshop in home country roughly 6-9 months following the completion of the training if applicable (contingent upon program funding levels).

Signature of authorized institutional representative

Date

Print Name and Title

Institution

Letters of Recommendation (2)

Please provide a 1-2 page letter of recommendation discussing the applicants i). Aptitude for scientific research; ii). Leadership skills; and iii). Likelihood the applicant will bring back new ideas and implement change at his or her institution.

BORLAUG FELLOWS PROGRAM CONDITIONS OF TRAINING

Name of Participant _____
(FAMILY NAME, Given name, Other names)

Country _____

If I am accepted to receive technical training under the U.S. Department of Agriculture (USDA) Borlaug S&T Fellows Program, I agree to adhere to my arranged program, to devote my time and attention to my studies and/or practical training, and to conform to Borlaug Program regulations and procedures for the duration of my training program. I will not seek extension of the period of my program but will return to my country without delay upon completion of my training acquired under this program. I also agree to conform with all laws of the United States.

Furthermore, I thoroughly understand the following policies of the Borlaug Fellowship Program:

I. Dependents:

USDA strongly discourages family members from accompanying or joining a participant while he/she is in training. The Borlaug Program is not responsible in any way for family members.

II. Attendance of Participants at Conferences and Meetings

Attendance of participants at national or international conferences, conventions or meetings of professional, trade, or other associations is not permitted unless such attendance is a part of the Borlaug training program.

III. Conditions for Termination of Training Programs:

USDA reserves the right to terminate the training program of those participants who:

- A. Change the course of study without authorization from the USDA/Borlaug Science and Technology Fellows Program.
- B. Fail to show sufficient interest in or to pursue effectively their training program.
- C. Conduct themselves in a manner prejudicial to the program or to the laws of the United States.
- D. Pursue personal affairs, such as marriage.
- E. Falsify information on the application and/or supporting documents.

I V. Financial Support:

The applicant is aware that financial support may be provided where applicable by the USDA Borlaug Program for domestic travel, training fees, emergency medical insurance, lodging and food. The lodging and food allowance is adequate for modest lodging and food. International travel is provided solely at the discretion of the USDA Borlaug Program.

VI. Health and Insurance:

It is recommended before arrival in the United States that every participant have a physical examination and be determined to be in excellent health. The insurance provided to the participant while in the United States will cover only **EMERGENCY** medical care and **DOES NOT** cover pre-existing medical conditions, pre-natal care, prescriptions, dental or optical work. In addition, the participant must pay the first \$100.00 in medical expenses for each occurrence.

VII. Debts and Obligations:

The participant will be responsible for all debts and financial obligations incurred while in the United States.

Signature below indicates agreement to and understanding of the above conditions.

Applicant's Signature

Date